



Fairfax Fire Department
 15 Goodall Street
 Fairfax, Vermont, 05454
 (802) 849-6075
 fire@fairfax-vt.gov

Code Violation Complaint Form

Complainant Information

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|---------------------|--------|
| Complainant's Name: | |
| Address: | |
| Phone: | E-Mail |

Relationship with the Property

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|---|
| <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Patron <input type="checkbox"/> Other: |
| <input type="checkbox"/> Municipal Official <input type="checkbox"/> State Official <input type="checkbox"/> Healthcare Provider Agency Name: |

Building Location and Owner

| | |
|-------------------|--|
| Name of Building: | Has Owner been notified of Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No - Date of Notification / / |
| Building Address: | |
| Owners Name: | |
| Owners Address: | |
| Phone: | E-Mail: |

Complaint Information

| | | |
|--|---|---|
| <input type="checkbox"/> Smoke/CO Alarm(s) – None/Defective | <input type="checkbox"/> Windows – Inoperable, not Egress | <input type="checkbox"/> Fire Hazard |
| <input type="checkbox"/> Fire Extinguisher – Missing/Defective | <input type="checkbox"/> Structural – Roof | <input type="checkbox"/> ADA Issue |
| <input type="checkbox"/> Heating Equipment - Defective | <input type="checkbox"/> Structural – Floor/Ceiling | <input type="checkbox"/> Electrical Hazard(extension cords in use) |
| <input type="checkbox"/> Chimney/Vents – Broken or Defective | <input type="checkbox"/> Structural – Foundation, Columns/Beams | <input type="checkbox"/> Electrical – Sparking or Arcing |
| <input type="checkbox"/> Fuel Supply – Leaking or Defective | <input type="checkbox"/> Exits – Blocked/Lacking/Broken or missing Components | <input type="checkbox"/> Electrical – Broken or missing Components, no GFCI |

Complaint Details; Please explain in detail

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How were you Made Aware of Issue? ☐ Observed Personally ☐ Other – Please Explain:

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**** For Office Use Only ****

| | | |
|----------|---------------|----------------|
| Parcel # | Structure ID: | Received Date: |
| | | |